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chiefly at the prevention of mosquito and fly breeding and the cleaning up of conspicuously unsanitary conditions.

House-to-house inspectors are necessary only in towns with a population of over 25,000, which means some 250 inspectors would be required. The 134 health inspectors already employed could form the nucleus of this group and it should not be difficult to find recruits with at least elementary school training.

The *sanitation overseers* would supervise the work of the house-to-house group and would also undertake a wider range of sanitary inspection, including restaurants, foodstuffs supplies, etc. Probably 100 overseers would be enough, and a one-year course should be sufficient to train men for the job. Candidates for training should be drawn, as far as possible, from the ranks of the house-to-house inspectors.

A number of *sanitation inspectors,* about 50 in all, would be required to take charge of districts, to supervise the work of sanitation overseers and the house-to-house inspectors, and to advise on all matters concerned with environmental hygiene in their districts. Candidates for this job would need a sound, general education (i.e. completion of the full intermediate school course) and would require not less than two years of training which would include practical sanitation work of all sorts. Training schools for these inspectors should be set up by a foreign sanitation expert, preferably one with knowledge of and experience in the Middle East. Some buildings will also be necessary, at an estimated capital cost of about ID 10,000.[2]

Training of Midwives

Midwives, who by the nature of their work have free entry into village homes, are among the most important potential health workers. It is they who can give acceptable advice in the home and consequently they could do a great deal to improve health conditions in the villages. Although 803 midwives are licensed to practice, scarcely any of them in either cities or villages have

[2] The recurrent cost of operating the school would be about ID 2,000 yearly. The recurrent cost of the sanitation service when fully organized might be approximately ID 75,000 annually.

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844 received training of any sort. In Baghdad there is a government maternity home but it has had very little to do with the practicing midwives.

It is presently estimated that 900 midwives are needed in the villages, 300 in the towns and 80 in the hospitals. In order to take into account the great difference between conditions in the towns and villages, it would be desirable to institute two courses of training:

1. A ~~one-year~~ course for literate girls and women who will become midwives in urban populations and fill government posts; and—
2. A course lasting approximately six months for illiterate (or largely so) practicing midwives who, after training, will return to their own villages.

A few Iraqi women have taken a course in midwifery outside of Iraq and these women, together with three foreign midwives, could serve as the teaching staff at the outset.

An estimate of the staff and buildings required and their cost follows:

(*a*) SCHOOL FOR TOWN MIDWIVES:
1. Staff: three staff midwives, one director, cook, etc.
2. Buildings: quarters for 20 pupils, 10 maternity beds, etc.
3. Capital cost: ID 40,500

Output—20 trained midwives a year.

(*b*) SCHOOL FOR VILLAGE MIDWIVES:
1. Staff: three staff midwives, one director, cook, etc.
2. Buildings: quarters for 15 pupils, six maternity beds, etc.
3. Capital cost: ID 31,500

Output—30 village midwives annually.

(*c*) ONE PRINCIPAL FOR THE SCHOOLS

Establishment of Village Health Centers

743 Iraq is a country of scattered villages and hamlets and of great distances; to bring medical aid, however simple, to the greatest possible number of people it would seem wise to increase the number of dispensaries as staff becomes available. It might even be possible to attach some mobile dispensaries to the larger sections of the nomadic tribes.

The village dispensary should become a center for all health activities in the area. Not only should the health official (or medi-

35: Hooper and Field 3-5 (1934) 1937 MAI Iran MAI
Iraq MHI

I-I
824*
278*

Field 177; W.H.M.M. 150808.

Celery is a plant of the northwestern Himalayas and Iran, and is cultivated for its fruit, leaf stalks, and roots. The seeds, or properly fruits, are greenish yellow or brown, and have a mint-like aroma and a somewhat pungent and bitter taste. The fruit is carminative, aromatic, and tonic. In Tehran the drug is placed in boiling water and the steam inhaled for headache. The fruits contain aptin, a jelly-like glucoside.

Arctium Lappa L. (Compositae)

ریشه بابا آدم

Rīshah-i-bābā-Adam (Teh.); the root. Bardane (Teh.); Semen Bardanae (English Herbal 1730); the fruits.

Field 234; K.B. 304.

The burdock plant is found in Syria, Iran, and Khorasan as well as in Europe. The root under the name of Risha Baba Adam or "Root of Father Adam" is quoted in Schlimmer's "Terminologie," and is regarded throughout India as depurative and antiphlogistic. In Tehran the root, with that of sarsaparilla, is used as a remedy for syphilis. The drug has had a considerable reputation in ancient times, but from a chemical examination by Zellner (1924) there is no indication of any substance in the root being physiologically active.

Areca Catechu L. (Palmae)

فوفل

Fūfal (Teh., Ar.); Papal (Pers.); Sopari (Hind.); Pinang (Mal.); betel nuts, nuts of the Areca palm.

Field 149.

[276]

Areca nuts are used everywhere in the East as a masticatory. They are a gentle stimulant, astringent, and taenifuge, increase the flow of saliva, lessen perspiration, sweeten the breath, and strengthen the gums. They contain tannin and two active alkaloids, arecoline and arecaine.—Mixed with sugar and coriander, they are given for induction of labor (H.F.).

• [844]

Aristolochia longa L. (Aristolochiaceae)

زراوند طویل

Zarāvand-i-tavīl (Ham., Teh.); the roots.

Achundow; Schl.; Ph. Pers.; Post; Ph. Ind. 3: 165.

W.H.M.M. 150855; K.B. 304.